

MCJA 23  
Rev. 3/98

# FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF UNITED STATES ☒ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

UNITED STATES V.S. Daisy Armas

FOR Mass

AT Boston

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 ☒ Defendant-- Adult
- 2 ☐ Defendant - Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Parole Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other

DOCKET NUMBERS
Magistrate <u>MD04-M-229</u>
District Court
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

- ☒ Felony  
☐ Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>unknown</u> IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____
	<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE _____ DESCRIPTION _____ _____ _____ _____

MARITAL STATUS

Total No. of Dependents

List persons you actually support and your relationship to them

DEPENDENTS

- ☐ SINGLE  
☐ MARRIED  
☐ WIDOWED  
☒ SEPARATED OR DIVORCED

1

Natasha Cabrera, daughter

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT OR HOME: Food

Creditors

Total Debt

Monthly Paymt.

\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

5/27/04

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

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